

		Part 1: Local Education	onal Agency Inf	formation			
Name of Local Educational Agency			Name of LEA Executive Director (Public Charter Schools Only)				
Latin American Montessori Bilingual (LAMB) Public Charter School			Diane L. Cottman				
Full Address of Local Educational Agency			Email Address of LEA Executive Director (Public Charter Schools Only)				
1375 Missouri Avenue, NW, Washington, DC 20011			diane@lambpcs.org				
Main Telephone Number of Local Educational Agency			Telephone Number of LEA Executive Director (Public Charter Schools Only)				
202.726.6200			202.726.6200				
Name of Primary LEA Contact for Consolidated Application Programs			Name of Addition	Name of Additional LEA Contact for Consolidated Application Programs			
Susan Wilson			Dick Ertzinger	Dick Ertzinger			
Position Title of Primary LEA Contact for Consolidated Application Programs			Position Title of Additional LEA Contact for Consolidated Application Programs				
Director of Development			Controller				
Email Address of Primary LEA Contact for Consolidated Application Programs			Email Address of Additional LEA Contact for Consolidated Application Programs				
susan@lambpcs.org			ertz@lambpcs.org				
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202.726.6200			Telephone Numbe 202.726.6200	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202.726.6200			
2021/200200							
	Part 2:	Programs for Which	the LEA is Appl	ying for Fund	ling		
For Title III, Par	ne allocation, provided by the State Edu rt A, the LEA is eligible to apply through at allocations are subject to change acco	this application only if the	e allocation is at leederal and state s	east \$10,000.		<u></u>	
	\$ -	\$12,477.78		1	\$11,590.39		
	J	schedule for Submissi		<u> </u>	<u>                                     </u>		
including the "	e, by checking the applicable box below, Tydings" period) for submitting reimbur From among these options, the LEA has  Monthly (12 workbooks per year)	rsement requests for all g the flexibility to choose	rants included in	this application	in order to maintain regular drav	r3บ,2ชัวว, vdowns of	
		Part 4: LEA Certifi	estion of Appli	cation	.1		
By signing belo Additionally, th	w, the Applicant certifies that all of the ne Applicant certifies that it has read an	information contained in	this application	- is true and accu	rrate to the best of its knowledge. Cluded in Phase II of the applicatio	n.	
Name of Individua	al Certifying Phase II Application (Board Chairp	erson or Chancellor only)	Signature of Indivi	dual Certifying Ph	așe II Application		
Barrie Lynn Tapîa		Barrilyn Cepic					
	Certifying Phase II Application (Board Chairpe	rson or Chancellor only)	Date of Certification	on (input at the tin	ne of signature)	· .	
Chairperson of the	e Board of Directors	Sept. 13, 2018					
SUBM	IT <u>BOTH</u> A MICROSOFT EXCEL VERSION OF	THIS FULL WORKBOOK AN	ID A SIGNED, SCAN	INED COPY OF TI	HIS PAGE BY EMAIL TO CON.APP@DI	C.GOV.	
	<del></del>		_		·		
OSSE Use Only							
Date Phase II Apol	ication First Received:		1				
	ication Approved (first date for reimbursement)	1:	1		<del>"</del>		